



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

# Letters to the Editor

## To the Editor,



As nurse practitioners in Philadelphia who take care of populations impacted by multiple marginalizations, we argue that nursing practice is not and cannot be apolitical. As we write this in June 2020, we reflect on the past month of our practice. We have met with Black patients who sat in their homes with tightly closed windows as police shot tear gas canisters onto their residential streets. We have met with transgender patients mourning their brutally murdered friend and neighbor. We have been meeting with and sharing spaces with these stories, germinated in legislative and socioeconomic inequity, throughout our careers as nurses.

It is our privilege to support and care for our patients through these moments, these moments of caring for systemically marginalized populations that are inherently political. We are vigilant in our practice because these moments of discrimination and inequity also exist in the ways we interpret a history of present illness, use a speculum, develop a plan of care, and provide after visit support to individuals and their families.

As our patients and communities publicly mourn the murders of Ahmaud Arbery, George Floyd, Breonna Taylor, Tony McDade, Rem'mie (Dominique) Fells, and countless others, we join with them in acknowledging the gravity of this moment—where the structural inequity and violence that leads to disparate health outcomes month after month is especially loud and heartbreaking.

It is critical for nurse practitioners to stand with their patients in Dorothea Orem's work of caring: to support our patients to maintain "life, health, and well-being." As advanced practice nurses, we must lead work to be antiracist, to be trans-affirming, and to mitigate inequity in our practice. We implore other nurse practitioners: support your marginalized patients and colleagues, interrogate your prejudice, and show up for justice. This is the advocacy nursing is born from.

Sincerely,

Ashley Brown, MSN, CRNP, FNP-C  
Family Nurse Practitioner, Clinical Practices of the University of  
Pennsylvania, Philadelphia, PA

Emily DeMartino, MSN, CRNP, NP-C  
Family Nurse Practitioner, Clinical Practices of the University of  
Pennsylvania, Philadelphia, PA  
(E-mail: [emily.demartino@pennmedicine.upenn.edu](mailto:emily.demartino@pennmedicine.upenn.edu))

Jessica McGill, MSN, CRNP, FNP-C  
Family Nurse Practitioner, Clinical Practices of the University of  
Pennsylvania, Philadelphia, PA

Alison Purcell, MSN, CRNP, FNP-C  
Family Nurse Practitioner, Clinical Practices of the University of  
Pennsylvania, Philadelphia, PA

1555-4155/20/\$ see front matter  
© 2020 Elsevier Inc. All rights reserved.  
<https://doi.org/10.1016/j.nurpra.2020.06.025>

## Dear Dr. Waldrop,



As the demand for advanced practice registered nurses (APRNs) rises, so has the demand for more efficient, streamlined, and standardized models of educational preparation for APRN students to ensure safe and competent practice.<sup>1</sup> The National Organization of Nurse Practitioner Faculties and certifying bodies, such as the Pediatric Nursing Certification Board, establish competencies and certification requirements for pediatric primary and acute care pediatric nurse practitioners. However, integration and evaluation of these competencies into the educational curriculum is not well defined.

The demand for a competency-based curriculum that further integrates knowledge and skills into measureable outcomes is ever increasing. With decreasing access to clinical sites and availability of preceptors, the student experience may not include exposure to the variety of diagnoses and management required to demonstrate clinical competency. Challenges due to the COVID-19 pandemic and a decrease in economic resources exacerbate this situation. Additionally, the increase in the number of online programs may limit direct faculty evaluation of the clinical site and preceptor—student interaction. A competency-based framework is required that defines, prioritizes, integrates, and evaluates student competency to prepare them for clinical practice.

Competency-based models of nursing education have been presented in the literature, but there are a

paucity of articles discussing the implementation of this type of framework across the multiple nurse practitioner specialties. Halas and colleagues<sup>2</sup> acknowledged that clinical hour requirements do not translate to exposure to all core competencies for beginning practice, and some students may require an increase in hours or varied experiences to attain a competency. Medical models focusing on competency-based education have been well received. The National Organization of Nurse Practitioner Faculties core and population-focused nurse practitioner competencies are a starting point. Competency-based models need to be further developed to ensure that graduating students have attained clinical competency.

This competency-based curriculum must be compatible with the broad needs of schools of nursing, students, and stakeholders. It must consider limitations in the assessment of clinical competencies through direct patient care and meet the needs of APRN students, faculty, clinical preceptors, patients, and the health care system. More specifically, prioritization of didactic, clinical and simulation curriculum is required to provide the framework for program development that considers the needs of an entry-level nurse practitioner. Employers hold expectations of entry-level competencies upon hire, and a competency-based model could standardize common procedures and evidence-based diagnosis and treatment of common conditions. APRN specialties, including midwifery and nurse anesthesia, have incorporated competency-based curricula into their educational programs.

Nursing faculty must be knowledgeable in the application of a competency based curriculum and have tools available for implementation and

evaluation of this model. Prioritization of competencies with appropriate evaluation methods that guide learning would facilitate this process. Standardized curricula, supported by certifying boards, can promote models of educational excellence. Providing guidance for educational planning would decrease the burden on faculty and provide a foundation for implementation across campuses nationwide for competent entry into practice.

As faculty work to develop and refine standardized competencies for pediatric nurse practitioner education, we encourage a review of best practices within all APRN specialty programs.

Regards,

#### References

1. Foret Giddens J, Lauzon-Clabo L, Gonce Morton P, Jeffries P, McQuade-Jones B, Ryan S. Re-envisioning clinical education for nurse practitioner programs: themes from a national leaders' dialogue. *J Prof Nurs.* 2014;30(3):273-278. <https://doi.org/10.1016/j.profnurs.2014.03.002>.
2. Hallas D, Biesecker B, Brennan M, Newland JA, Haber J. Evaluation of the clinical hour requirement and attainment of core clinical competencies by nurse practitioner students. *J Am Acad Nurse Practit.* 2012;24(9):544-553. <https://doi.org/10.1111/j.1745-7599.2012.00730.x>.

Shawna S. Mudd

Johns Hopkins School of Nursing

Deborah W. Busch

Johns Hopkins School of Nursing, Baltimore, MD

Margaret Quinn

Rutgers University, New Brunswick, NJ

Ann-Marie Brown

Emory University School of Nursing, Atlanta, GA

JoAnne Silbert-Flagg

Johns Hopkins School of Nursing, Baltimore, MD

Imelda Reyes

Emory University School of Nursing, 1520 Clifton Rd, Suite 432,

Atlanta, GA 30322

[imelda.reyes@emory.edu](mailto:imelda.reyes@emory.edu)

1555-4155/20/\$ see front matter

© 2020 Elsevier Inc. All rights reserved.

<https://doi.org/10.1016/j.nurpra.2020.06.021>